

County: Burnett  
 CAPESEIDE COVE GOOD SAMARITAN CENTER  
 23926 4TH AVENUE SOUTH

Facility ID: 2040

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SIREN 54872 Phone: (715) 349-2292  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 94  
 Total Licensed Bed Capacity (12/31/01): 94  
 Number of Residents on 12/31/01: 89

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 88

Nonprofit Church/Corporation  
 Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		33.7
Supp. Home Care-Personal Care	No					1 - 4 Years		40.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.6	More Than 4 Years		25.8
Day Services	No	Mental Illness (Org./Psy)	33.7	65 - 74	10.1			-----
Respite Care	No	Mental Illness (Other)	3.4	75 - 84	29.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	9.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	15.7	65 & Over	94.4	-----		
Transportation	Yes	Cerebrovascular	13.5		-----	RNs		10.4
Referral Service	No	Diabetes	4.5	Sex	%	LPNs		3.0
Other Services	No	Respiratory	5.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.6	Male	28.1	Aides, & Orderlies		
Mentally Ill	Yes		-----	Female	71.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)		
Int. Skilled Care	0	0.0	0	2	3.0	108	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Skilled Care	6	100.0	155	59	88.1	93	0	0.0	0	14	93.3	129	0	0.0	0	0	0.0	0	79	88.8
Intermediate	---	---	---	6	9.0	77	1	100.0	145	1	6.7	121	0	0.0	0	0	0.0	0	8	9.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		67	100.0		1	100.0		15	100.0		0	0.0		0	0.0		89	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	7.1	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	4.8	Bathing	1.1	68.5	30.3	89
Other Nursing Homes	7.1	Dressing	27.0	46.1	27.0	89
Acute Care Hospitals	79.8	Transferring	43.8	32.6	23.6	89
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	34.8	40.4	24.7	89
Rehabilitation Hospitals	1.2	Eating	64.0	31.5	4.5	89
Other Locations	0.0	*****				
Total Number of Admissions	84	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care		23.6
Private Home/No Home Health	21.1	Occ/Freq. Incontinent of Bladder	49.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	21.1	Occ/Freq. Incontinent of Bowel	19.1	Receiving Suctioning		1.1
Other Nursing Homes	5.3			Receiving Ostomy Care		4.5
Acute Care Hospitals	10.5	Mobility		Receiving Tube Feeding		3.4
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	9.0	Receiving Mechanically Altered Diets		12.4
Rehabilitation Hospitals	0.0					
Other Locations	2.6	Skin Care		Other Resident Characteristics		
Deaths	39.5	With Pressure Sores	2.2	Have Advance Directives		66.3
Total Number of Discharges (Including Deaths)	76	With Rashes	4.5	Medications		
				Receiving Psychoactive Drugs		56.2

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 Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Nonprofit Peer Group Ratio	Bed Size: 50-99 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	93.6	88.9	1.05	85.1	1.10	84.4	1.11	84.6	1.11
Current Residents from In-County	57.3	78.4	0.73	72.2	0.79	75.4	0.76	77.0	0.74
Admissions from In-County, Still Residing	21.4	25.3	0.85	20.8	1.03	22.1	0.97	20.8	1.03
Admissions/Average Daily Census	95.5	108.1	0.88	111.7	0.85	118.1	0.81	128.9	0.74
Discharges/Average Daily Census	86.4	107.3	0.80	112.2	0.77	118.3	0.73	130.0	0.66
Discharges To Private Residence/Average Daily Census	36.4	37.6	0.97	42.8	0.85	46.1	0.79	52.8	0.69
Residents Receiving Skilled Care	91.0	90.9	1.00	91.3	1.00	91.6	0.99	85.3	1.07
Residents Aged 65 and Older	94.4	96.2	0.98	93.6	1.01	94.2	1.00	87.5	1.08
Title 19 (Medicaid) Funded Residents	75.3	67.9	1.11	67.0	1.12	69.7	1.08	68.7	1.10
Private Pay Funded Residents	16.9	26.2	0.64	23.5	0.72	21.2	0.80	22.0	0.77
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	37.1	39.0	0.95	41.0	0.90	39.5	0.94	33.8	1.10
General Medical Service Residents	14.6	16.5	0.88	16.1	0.91	16.2	0.90	19.4	0.75
Impaired ADL (Mean)	44.3	49.9	0.89	48.7	0.91	48.5	0.91	49.3	0.90
Psychological Problems	56.2	48.3	1.16	50.2	1.12	50.0	1.12	51.9	1.08
Nursing Care Required (Mean)	6.5	7.0	0.92	7.3	0.89	7.0	0.92	7.3	0.88